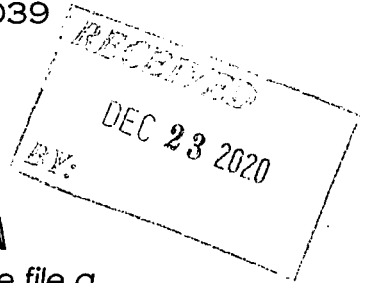


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Dec. 23, 2020

Case Number: 21-74

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Stephanie Strantman

Premise Name: Rodman's Animal Hospital

Premise Address: 1230 N. 75th Ave.

City: Peoria State: AZ Zip Code: 85345

Telephone: 623-878-0033

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Layla Villegas

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Priscilla Villegas
Breed/Species: Canine / Chihuahua
Age: 9 1/2 Sex: F Color: Tan

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Joe Fualto
12320 W. 75th Ave
Doria, AZ 85345
623-878-0033

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Arturo Villegas - _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Arturo J. Villegas
Date: 12-6-20

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On 11-12-20, I took my 9yr old Chihuahua mix in to Redrunner Hosp. for coughing. Dr. Jose Evans examined her & told me she had a minor heart murmur & wanted xrays & blood work done to see what the problem was. We opted for blood work that day & paid \$895.56. They called me 2 days later & stated it was not Valley fever as they had originally thought. They needed me to bring her back for xrays which I did on the 16th. This time, the doctor was Stephanie Strantman. She proceeded to tell me, Priscilla's heart was bigger than what they thought & wanted to take her back for xrays. I handed my baby to them & she was alert, didn't want to go. While she was back, the vet came back & said her trachea was in partial collapse which was causing the cough. They wanted to prescribe some medications for home & give (2) injections @ the office before we left. I felt something was wrong because they kept her in the back for at least 30 minutes & upon bringing her back to me, she was breathing very hard through her mouth. Not panting. I took her from the vet tech & asked what was

wrong as she was not responding to me at all. I put her on the floor & she immediately dropped & continued breathing hard. The lady shrugged her shoulders at me & said, I don't know, I guess she's stressed. This was not the same dog I had handed over to them. She was not well. They charged me another \$595⁰⁰ for the xray's & medicine & we left. Even though I knew something was wrong, I believed them when they said it was just stress. As I was leaving they said if she has any weird symptoms, like fast mouth breathing, call the after hours ER. We got home & took her in the back yard. She laid down & proceeded to start defecating. I thought she just needed to get the medicine going in her & she'd be fine. I laid her in her bed, all the while she's breathing really fast. I came back 10 minutes later to check on her & she had passed away. After composing myself, I called the vet back & told them what happened & was told, I'm so sorry, how much does she weigh? We do cremations here as well. Really?? You just killed my baby, sent her home to die & ~~you~~ That's your response.

I paid almost \$1000⁰⁰ + I would've paid whatever it took to make her better. But those people literally had no clue. They sent her home with me knowing she wasn't right. We took her back in her favourite blanket + waited 15 minutes at the front desk while all 3 people there ignored me crying with my deceased dog in my arms. Once taken back, all they were concerned about was what cedar box we wanted her ashes in + do we want footprints? Really? I want to know why I handed my coughing dog to you + you brought her back dying! Those people charged

us another \$180⁰⁰ for cremation. No apology. The vet who sentenced my Prissie to death wouldn't even be bothered to come talk to us for a minute. 2 weeks later get called to pick up Prissie's ashes.

This girl walked out, showed the box at me, + walked away.

Never have I ever been so grief-stricken + had to deal with

people like these. It was all
about money to them, that's
obvious to me now. I will
never return here nor recommend
to anyone. I understand she
was sick. But she wasn't dying.
What they did killed her &
they couldn't even be bothered
with a simple sorry. You don't
know what they've put me &
my family through. And not
once did they even offer condolences.
I hate this place & will
forever have sad thoughts
everytime I drive by.

Thank you,

Layla Villegas

~~XXXXXXXXXXXXXXXXXXXX~~

Arizona State Veterinary Medical Examining Board

Case 21-74

received
1/6/20 12

Priscilla initially presented to Roadrunner on November 11th, 2020 with presenting clinical signs of cough and decreased energy. The patient was examined by Dr. Jose Evans, and physical exam revealed a grade 4/6 systolic heart murmur. At that time chest radiographs were declined by Mrs. Villegas, and it was elected to send out a bloodwork panel including Valley Fever testing as well as start on hydrocodone, and compounded Pimobendan was ordered through Covetrus online website. Bloodwork results were unremarkable including Valley Fever negative.

While calling back about labwork results, the owner reported that the patient was still coughing. In response, it was recommended by Dr. Lyakhova to prescribe Lasix medication, as well as to likely move forward with chest radiographs. The owner came in for a recheck appointment and to pick up the prescribed Lasix. At this visit, I (Dr. Stephanie Strautman) examined the pet and again noted the grade 4/6 heart murmur and noted harsher than normal lung sounds and increased inspiratory effort. I expressed concern for possible congestive heart failure and recommended moving forward with chest radiographs.

I had instructed my technicians to go slowly and carefully while taking radiographs in order to try to avoid increasing her stress level. The patient was provided with flow-by oxygen during the radiographs and was allowed to sit in our oxygen cage to receive supplemental oxygen after radiographs in order to help her relax and to avoid decompensation.

The chest radiographs were consistent with generalized cardiomegaly, specifically suspect in the left atrial region of the heart. Moderate pulmonary edema was present in perihilar and caudal lung fields. There was also noted to be narrowing of the tracheal diameter starting at the thoracic inlet region and into the cranial thoracic cavity. The owner declined sending radiographs for Telemedicine radiology evaluation. I discussed my concern for combination of problems that can compound for the patient, and I recommended starting with a Lasix injection in addition to sending home the oral Lasix, as well as a Cerenia injection due to potential anti-inflammatory benefits related to the collapsing trachea. I advised Mrs. Villegas that even though P's condition had appeared to stabilize, there was the potential for decompensation to occur with both of these conditions present (collapsing trachea and suspected congestive heart failure).

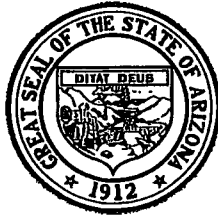
The patient was given Furosemide (50mg/mL) 0.35mL IV as well as Cerenia (10mg/mL) 0.85mL IV. Mrs. Villegas was instructed that if Priscilla begins showing any signs of respiratory distress, to seek emergency care either with us or with after-hours ER if our clinic is unavailable.

Later that day, the owner called the clinic to let us know that Priscilla had passed away at home. I was of course saddened and surprised that decompensation had occurred so quickly. I was coming out of an appointment after the owners had arrived, and was told by my technician that they did not wish to speak with me further about her case, otherwise I would have preferred to speak with them right away. Again, I am sincerely saddened by Priscilla's death however I do stand by the veterinary care provided by myself and my colleagues.

Thank you very much.

Dr. Stephanie Strautman, 01/06/2021

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Robert Kraitsberg, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Beth Campbell, Assistant Attorney General

RE: Case: 21-74
Complainant(s): Layce Villegas
Respondent(s): Stephanie Strautman, DVM (License: 6919)

SUMMARY:

Complaint Received at Board Office: 12/23/20
Committee Discussion: 6/8/21
Board IIR: 7/21/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On November 16, 2020, "Pricilla," a 9.5-year-old female Chihuahua was presented to Respondent for a recheck for continued coughing. Radiographs were performed and revealed generalized cardiomegaly, pulmonary edema, and tracheal narrowing. Respondent recommended treating the dog with Vetmedin, Lasix, and cerenia. She warned Complainant that the dog could go into respiratory distress quickly due to the dog's condition.

The dog was discharged; Complainant was concerned with the dog's condition and labored breathing as she left the premises.

Later that day, the dog passed away.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Layce Villegas
- Respondent(s) narrative/medical record: Stephanie Strautman, DVM

PROPOSED 'FINDINGS of FACT':

1. On November 11, 2020, the dog was presented to Respondent's associate, Dr. Evans, to have a cough evaluated. Complainant reported that the dog has seasonal allergies and has developed a deep cough, as if she was trying to get something out. Additionally, the dog had less energy than normal. Upon exam, the dog had a weight = 18.6 pounds, a temperature = 102.8 degrees, a heart rate = 120bpm, and a respiratory rate = 40rpm; BAR. Dr. Evans noted the dog had a grade 4/6 heart murmur and crackly and loud lung sounds.

2. Dr. Evans discussed his findings with Complainant and causes of coughing. It was likely an underlying condition and Dr. Evans educated Complainant on heart murmurs, congestive heart failure and heart size. He also discussed that Valley Fever could cause the dog to cough. Dr. Evans recommended radiographs and blood work and explained the benefits of each. Complainant declined radiographs and approved blood work and heart medications. Blood was collected and the dog was discharged with:

- a. Hydrocodone 5mg, 4 tablets; give ¼ tablet orally every 8 – 12 hours as needed; and
- b. Written Rx for Pimobendan.

3. The Valley Fever titer was negative therefore radiographs were recommended.

4. On November 16, 2020, the dog was presented to Respondent for radiographs. Complainant reported that the dog was still coughing, was on hydrocodone and ordering Pimobendan. She planned on picking up furosemide that day. Upon exam, the dog had a weight = 18.6 pounds, a temperature = 97.3 degrees, a heart rate = 150bpm, and a respiration rate = 40rpm; BAR. Respondent noted a grade 4/6 systolic heart murmur, harsh lung sounds on inspiration, and increased respiratory effort and wheezing.

5. Thoracic radiographs were performed and revealed a collapsing trachea at thoracic inlet and cranial thoracic trachea; generalized cardiomyopathy, suspected left atrial enlargement with dorsal deviation of caudal trachea; and moderate pulmonary edema in perihilar region. According to Respondent and staff, the dog was stressed therefore caution was taken with the dog when taking radiographs to avoid increasing the dog's stress level. The dog was provided with flow-by oxygen after radiographs in order to help the dog relax and avoid decompensation.

6. Respondent stated that relayed the radiograph findings to Complainant and discussed her concerns for the combination of problems that can compound for the dog. She recommended starting the dog on an injection of Lasix in addition to sending home oral Lasix, along with cerenia for potential anti-inflammatory benefits related to the collapsing trachea. Respondent explained that although the dog looked stable, there was a potential for decompensation to occur due to the dog's collapsing trachea and suspected congestive heart failure.

7. Technical staff member, Dae Gardillas, went over the treatment plan with Complainant and advised that the dog was currently on oxygen due to the stress of the radiographs. It was explained that it would be best for the dog to remain on oxygen until the dog calmed down. Complainant understood and approved the treatment plan. The dog was administered and discharged with the following:

- a. Furosemide 50mg/mL – 0.35mLs IV;
- b. Cerenia 0.85mLs SQ;
- c. Furosemide 12.5mg, 72 tablets; give 1.5 tablet orally every 12 hours until gone;
- d. Cerenia 24mg, 4 tablets; give 1 tablet orally every 24 hours; and
- e. Vetmedin 1.25mg, 15 tablets; give 1.5 tablet orally every 12 hours.

8. The dog was brought back to Complainant and staff member Gardillas went over the oral medications with Complainant. Complainant was further advised that if the dog began to have difficulty breathing, she should call the premises or seek emergency care if after hours. Complainant understood.

9. According to Complainant, she was concerned that the dog remained in the treatment area for a prolonged period of time. When the dog was returned to Complainant, the dog was breathing hard through her mouth, not panting; Complainant was alarmed with the dog's condition when presented back to her. She took the dog home thinking the medication would help.

10. A short time after arriving home, the dog passed away. She called the premises and was offered crematory services for the dog. Complainant brought the dog back to the premises; Respondent or staff did not meet with Complainant to express condolences. According to Respondent, she was advised that Complainant did not want to speak with her further about the dog.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent's medical care and the treatment recommended was appropriate. However, the communication could have been better. It seems that congestive heart failure was discussed with Complainant at one point, but how much was understood was questionable.

It was unfortunate that the dog's condition was much worse than suspected and staff did not pick up on that at discharge. They felt the dog was no worse than when it arrived at the premises. It is hard to determine when an animal with congestive heart failure will decompensate and pass away. It can be hard to assimilate medical information at the time it is being given, however, if the pet owner had time to digest the information before the dog passed away, she could have better understood what was happening with the dog. Complainant may have been able to call Respondent and ask questions about the dog's

condition.

The dog's condition had been going on for some time. The dog had multiple issues going on which led to the dog's rapid decompensation.

There were additional communication issues with respect to Complainant wishing to speak with Respondent. Respondent was under the impression that Complainant did not want to speak with her.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division